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FACSIMILE COVER LETTER

Facsimile Number: 571-273-8300

To: Examiner M. WALLERSON
Group Art Unit 2626, USPTO

From: Mr. Daniel J. Stanger
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

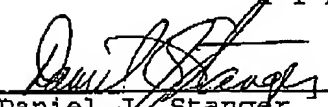
Re: USSN 10/075,989
Attorney Docket No.: NGB-103

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

PTO-1083 TRANSMITTAL;
REPLY;
PETITION FOR ONE-MONTH EXTENSION OF TIME; AND
CREDIT CARD FORM INCLUDING \$320.00 IN PAYMENT OF
PETITION FOR ONE-MONTH EXTENSION OF TIME FEE
& 1 ADDITIONAL INDEPENDENT CLAIM FEE.

January 17, 2006


Daniel J. Stanger
Reg. No. 32,848

Date

Total Number of Pages (including cover sheet):

15

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FORM PTO-1083

PATENT

Case Docket No. NGB-103

In RE application of M. OYANAGI
Serial No.: 10/075,989

Group Art Unit: 2626

Filed: February 15, 2002

Examiner: M. WALLERSON

For: MULTIFUNCTION PRINTER

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Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra
Total	* 13	Minus	** 20	=	0
Indep.	* 5	Minus	*** 4	=	1

☐ First Presentation of Multiple Dependent Claims

SMALL ENTITY	
Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OR

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
x 18	\$ 0
x 200	\$ 200
+ 280	\$ 0
Total	\$ 200

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
- ** If the 'Highest Number Previously Paid For' in THIS SPACE is less than 20, write '20' in this space.
- *** If the 'Highest Number Previously Paid For' in THIS SPACE is less than 3, write '3' in this space.
- The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment, or the number of claims originally filed.

☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.

☒ A check in the amount of \$ 320.00 is attached in payment of:
CREDIT CARD FORM FOR 1 ADL INDEP CLAIM & 1MTH EOT.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.

- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Date: January 17, 2006By: 

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